#### **PHOENIX OFFICE**

1300 West Washington Phoenix, Arizona 85007-2929 Phone: (602) 542-3026 Toll Free (AZ only): 1-800-345-5819 WWW.azcc.goV

# CORPORATION OF THE PROPERTY OF

## ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

**TUCSON OFFICE** 

400 West Congress, Suite #221 Tucson, Arizona 85701-1347 Phone: (520) 628-6560 Toll Free (AZ only): 1-800-345-5819 www.azcc.gov

# GENERAL FILING INSTRUCTIONS FOR FOREIGN LIMITED LIABILITY COMPANY FILING CHECKLIST

		Pursuant to A.R.S. §29-802 et seq.				
Comp	any Na	ıme				
		Check name for availability using the preliminary name search instructions on our web site at <a href="https://www.azcc.gov/corp.">www.azcc.gov/corp.</a> . You may also reserve a name for up to 120 days. If you reserve a name, please attach a copy of the name reservation.				
		Attach copy of Trade Name Certificate.				
		Make sure the entity's name has the appropriate corporate ending pursuant A.R.S. §§29-602(A). If the name of the foreign LLC is unavailable for use in this state or does not satisfy the requirements of A.R.S. §§29-602, the foreign LLC must adopt a fictitious name.				
		If the name of the foreign LLC is unavailable for use in this state or does not satisfy the requirements of A.R.S. §§29-602, the foreign LLC must adopt a fictitious name.				
		Attach a copy of the company's resolution adopting the fictitious name. The resolution must be approved and signed by a manager if management is vested in managers or by a member if management is reserved to members.				
Application for Registration						
		Indicate the exact name of the foreign limited liability company.  If the exact name is not available indicate the fictitious name adopted for use in Arizona and				
	_	make sure to attach a copy of the company's resolution adopting the name.  Indicate the state, province or country in which the company formed.				
		Indicate the date of formation.				
	ō	Indicate the purpose of the company or the general character of business the company proposes to transact in Arizona.				
		Indicate the name and address of the statutory agent in Arizona. If the statutory agent has a P.O. Box, then they must also provide a street address/location.				
		Indicate if management is reserved to the members or vested in a manager(s).				
		If reserved to the members, indicate the name(s) and address (es) of the members. If vested in a manager, indicate the name(s) and address (es) of the manager(s) AND the				
		member(s) who own 20% or greater interest in the capital or profits of the company. Indicate the address of the office required to be maintained in the jurisdiction under the laws of which the company is organized, if required. Or, if not required, then the address of the principal				
		office of the company.				
		Affix signature of statutory agent and acknowledgement of acceptance of appointment.				
Fees		Affix a signature. The document must be signed by a manager, member, or authorized agent.				
		Attach a check for the filing fee of \$150.00. Expedited service is available for an additional \$35.00. Please make check payable to the Arizona Corporation Commission.				
Attach	nments					
		Attach a certificate of existence or document of similar import duly authenticated (within sixty (60) days) by the official having custody of corporate records in the state, province or county under whose laws the company is organized.				
		If applicable, attach a copy of the Trade Name Certificate or A.C.C. name reservation.				
Publication						

Publication is not required

### 1. The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "L.L.C.", "L.C.", "LLC" or "LC". If you are the holder or assignee of a tradename, attach a copy of the tradename certificate. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the name, which must be signed by a manager, member or authorized agent.

- 2. Provide the name of the state or jurisdiction under whose laws your company was formed.
- 3. Provide the date on which your company organized in the state or jurisdiction under whose laws it was formed.
- **4.** Provide the general character of business you plan to transact in Arizona.
- **5.** The statutory agent must provide a street address. If statutory agent has a P.O. Box, then they must also provide a street address/location.

The agent must consent to the appointment by executing the consent.

LL:0005 Rev. 10/2006

## APPLICATION FOR REGISTRATION OF A FOREIGN LIMITED LIABILITY COMPANY

Pursuant to A.R.S. §29-802 et seq.

	0 1 11 111
1.	The name of the foreign limited liability company is:
1. a.	If the exact name of the foreign limited liability company is not available for use in this state, then the fictitious name adopted for use by the limited liability company in Arizona is:
2.	The company is organized under the laws of:(State)
f 3.	The date of the company's formation is:
4.	The purpose of the company or the general character of business it proposes to transact in Arizona is:
5.	The name and street address of the statutory agent for the foreign limited liability company in Arizona is:
ACCE	EPTANCE OF APPOINTMENT BY STATUTORY AGENT
	, having been designated to act as  (Print Name)  ory agent, hereby consent to act in that capacity until removed or resignation is submitted or designation is submitted.
Signat	ure
If signi	ng on behalf of a company, print company name here

6. Check which management structure will be applicable to your company. Provide name, title and address for each person.	6. Management Structure (select option A or B):  A □ Management of the limited liability company is vested in a manager or managers. The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:		
7. If the jurisdiction under the law of which your company is		Name: [] member [] manager Address:	
formed, you must provide the address of the principle office of the company, in whatever state or jurisdiction it is located.	Name:[] member [] manager	City, State, Zip:  Name: [] member [] manager  Address:	
The application must be signed by a member, manager or duly authorized agent.	B ☐ Management of the limited	City, State, Zip:  ability company is reserved to the members. f each person who is a member are:	
Attach a certificate of existence or document of similar import duly authenticated (within sixty (60) days) by the official having custody of corporate records in		Name:  Address:	
the state, province or county under whose laws the corporation is incorporated.	Name:	City, State, Zip:  Name:  Address:	
	City, State, Zip:  7. The address of the office req	City, State, Zip:uired to be maintained in the jurisdiction under the laws of ized, if required; or, if not required, the address of the	
Your phone and fax numbers are optional.			
LL:0005 Rev. 10/2006		FAX: FAX:	